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Oxfordshire County Council

ANNUAL REPORT

ON

County Health Services

PART I

Report of the
School Medical Officer

H. C. JENNINGS

M.A., B.Sc. (Oxon), M.B., B.S. (Lond.), D.P.H.

1938

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1938

Staff of School Medical Service, 1938.

School Medical Officer :

H. C. JENNINGS, M.A., B.SC., M.B., B.S., D.P.H.

Assistant School Medical Officers (Part Time) :

A. BIRCH, M.B., M.R.C.S.

H. P. CROLY, M.R.C.S., L.R.C.P.

F. A. BEVAN, M.B., B.S.

C. T. CHEATLE, M.R.C.S., L.R.C.P.

W. DALGLIESH, M.B., CH.B.

H. S. R. FREEBORN, M.B., C.M.

J. HOLMES, M.R.C.S., L.R.C.P.

G. H. JONES, M.R.C.S., L.R.C.P.

L. LESLIE, M.D., CH.B.

T. L. CRAWHALL, M.R.C.S., L.R.C.P. (Appointed, September 1st, 1938)

J. MORRIS, M.R.C.S., L.R.C.P. (Deceased, April 3rd, 1938)

G. J. S. ATKINSON, M.R.C.S., L.R.C.P.

R. HITCHINGS, M.R.C.S., L.R.C.P. (Resigned, March 31st, 1938)

E. R. C. COOKE, B.A., M.R.C.S., L.R.C.P.

N. C. PENROSE, O.B.E., M.B., CH.B.

J. C. RUSSELL, M.C., M.B., CH.B.

J. F. LOVELL BARNES, M.R.C.S., L.R.C.P. (Resigned, November 3rd, 1938)

A. SHARMAN BEER, M.B., CH.B., F.R.C.S. (Appointed, December 1st, 1938)

W. J. SUSMAN, M.A., M.B., B.C.

M. K. ROBERTSON, M.R.C.P.

School Dental Officers :

W. J. COOK, L.D.S., R.C.S.

P. J. KEANE, L.D.S., R.C.S. (Resigned, July 31st, 1938)

FAY WILSON, L.D.S., R.C.S.

M. DOCKRELL, L.D.S., R.C.S.

H. C. L. BLINKWORTH, L.D.S., R.C.S. (Appointed, October 1st, 1938)

Ophthalmic Surgeons (Part Time) :

W. R. TERRY, M.B., CH.B.

E. L. HOWELL JONES, M.R.C.S., L.R.C.P.

Superintendent of School Nurses :

Miss MARY C. OWEN

School Nurses :

Miss AITKEN	Mrs. ROWAN
Miss BEZZANT	Mrs. SANDILANDS
Miss CATLIN	Miss REES
Mrs. HARWIN (Resigned, March 13th, 1938)	Miss SMITH
Miss HENRY	Miss STONE (Resigned, September 30, 1938)
Miss KERSLEY	Miss TROBRIDGE
Miss McNAIR	Miss WAUGH
Miss RICHARDSON	Miss WELHAM

Dental Attendants :

Miss SKUCE	Miss HARDS
Miss PRICKETT	Miss TIMMS

Statistics bearing on Medical Inspection.

Area of County ... 470,808 acres.

Population of Administrative County (1931 census) 129,082
 (Estimated) 1937 133,660
 For Elementary Education 116,430

Number of School Departments :

Provided	...	...	...	...	44
Non-Provided	...	...	...	...	162
					<hr/> 206

Number of Children on Books (31st December, 1938) approx.,
 13,663.

Average Attendance, year ending 31st December, 1938,
 12,507.

No. of School Attendance Officers on 31/12/1938 ... 3

Cost of School Medical Inspection and treatment for
 year ended March 31st, 1938 :

				£	s.	d.
Gross Payments...	...	...	...	9378	6	9
Receipts ...	...	...	...	370	2	0
				<hr/>		
Net Expenditure	...	...	...	9008	4	9

Grant from Board of Education for year ending 31st March,
 1938 ... £4393
 (i.e., half net Expenditure approved by Board of Education)

General Education Rate, 1938—39 (Elementary) 3s. 4 $\frac{3}{4}$ d.

Product of 1d. Rate for Education Purposes—

Elementary	£2275
Higher	£2650

Net Cost of medical inspection and treatment
 equivalent to rate of ... 2·0d.

REPORT FOR 1938

I.—Staff—

Medical and
Nursing

The County Medical Officer of Health is administrative School Medical Officer and is assisted by 17 part-time officers who are also Medical Practitioners in the County.

There are 14 Health Visitors who are whole-time officers of the County Council and they devote part of their time to duties in connection with the School Medical Service.

I should like to express my appreciation of the valuable work which the Health Visitors do, in fact one could go as far as to say that the success of the Service is largely dependent upon their efforts.

II.—Co-ordination—

The School Medical Officer who as stated above is also County Medical Officer of Health is also Medical Adviser to the Public Assistance Committee, and thus a large measure of co-ordination between all branches of the Council's medical services is obtained.

Unfortunately the School Medical Officers are not in all cases Medical Officers to the Infant Welfare Centres in their areas so that a definite break in continuity of supervision between the child under 5 years of age and the school entrant exists. In order to some extent to overcome this, arrangements exist whereby all infant welfare record cards and records of children not attending Infant Welfare Centres are available for the use of School Medical Inspectors when entrants are being examined.

III.—School Hygiene—

Sanitary
Conveniences

There are still some schools in the county where the antiquated and unhygienic privy vault is found, and there can be no question that these vaults should be abolished without delay. Not only are they a possible source of pollution of adjacent wells but are breeding places for flies and very malodorous. The water carriage system of excrement disposal is, of course, the most satisfactory but is quite out of the question in most schools. Sanitary pans which are emptied twice weekly should replace vaults.

Teaching of
Hygiene

It is a pleasure to record that many teachers appreciate the value of the teaching of the principles of hygiene, and make such teaching permeate the whole of school life. Hygiene is not a subject which should be dealt with during certain periods of the week.

Arrangements exist for the School Medical Inspectors to report annually on the general condition of their schools and any defects found are brought to the notice of the appropriate authority for necessary action.

The following is a list of improvements, etc., carried out to school buildings during the year 1938 :—

Barton, Steeple	Connecting main water supply to School and House. New basins and drainage to existing system.
Dunstew	Connecting water supply to School. New basins and drainage to existing system.
Enstone	Installing electricity in School and House. Improvements to central heating in School.
Eynsham Senior	Improvements to Offices, rebuilding, providing separate water closets. New basins.
Milton-u- Wychwood	Connecting main water supply to School and House. New basins and connect to drainage system.
Bampton Cookery Centre	New sink and water supply to same.

Playgrounds at the following schools :—

Burford, Charlbury Senior, Claydon, Hornton, Mongewell, South Stoke and Woodcote.

IV.—Medical Inspection—

Arrangements are made for all routine groups of children to be examined during the calendar year.

During the year the following routine groups have been examined :

- (a) All children within 12 months of their entry into school ;
- (b) All children within 12 months of attaining their eighth birthday ;
- (c) All children within 12 months of attaining their twelfth birthday.

In addition special cases, submitted by parents or teachers, were examined irrespective of age, together with all children found to be suffering from defects at the previous inspection or who were absent from such inspection.

Dull and backward children and those suspected of mental defect are submitted to a special examination, viz., a modification of the Binet Simon test. All Medical Inspectors

have been supplied with a booklet descriptive of the tests and method of marking in order that there shall be uniformity in this matter throughout the County.

Number of
visits

The Medical Inspectors visit each school at least twice every year and oftener as may be required for special examinations or in connection with outbreaks of infectious disease.

Re-examina-
tions, etc.

The figures for specials and re-examinations are shown in Table I on page 38.

There can be few Education authorities who have on their staffs at the present time doctors who have been engaged on medical Inspection in Elementary Schools for thirty years without a break.

This County from the inception of medical inspection of elementary school children in 1908 has always used the services of general practitioners and I have come to the conclusion, certainly so far as rural areas are concerned, that this procedure is a sound one. There can be no more monotonous occupation than that of a whole-time Assistant M.O.H. who does nothing but medical inspection of school children and in practice these posts are looked upon as stepping-stones to preferment in the public health service. The knowledge of the homes, parents and other relatives which the general practitioner brings to his work in this county makes the medical inspection of our school population really of value.

I have therefore asked five of the medical inspectors with thirty years' experience of the work, viz. Drs. Cheate, Freeborn, G. H. Jones, Susman, and Birch, to write some comments on their experiences and I append extracts from the remarks made by them.

“ Thank you for your kind letter. It doesn't seem like thirty years since the inception of my assistant inspectorship.

The feature that strikes one most is the great improvement in the standard of cleanliness of the children.

In this school (Deddington) only to give one example of the then existing low standard, 75 per cent of the children were verminous and all efforts to improve matters were met with open and undisguised hostility. At long last compulsory cleansings were enforced and the effect of this was magical. Nowadays vermin is practically banished, most schools being quite free.

There is, too, a great improvement in the clothing and foot gear. The children are better cared for and the parents nowadays show their appreciation of the benefits of the medical examinations by their prompt and willing acceptance of advice towards the amelioration of any defects.

I am impressed too by the improvement in the physique of the children ; I am convinced that we are no longer breeding C3s, but that the upward tendency is quite well marked.

The linking up with the Eye, Throat and Orthopaedic Clinics is of enormous advantage. I cannot conclude without paying a well deserved tribute to the splendid work of the health visitors. They are of the greatest possible assistance in the supervision of defective children and the maintenance of the improved standard of cleanliness is largely due to their sustained efforts and my association with them has been a pleasant feature of the schoolwork."

G. H. JONES.

" Thank you for your congratulations on my thirty years' service, the work has been very pleasant on the whole.

There have been changes which have not altogether been good for the children. It was unavoidable I suppose that the senior children should be removed from the smaller schools and educated at larger schools. In our district this has had a disastrous effect on the manners of our children in such villages as X, Y and Z. Before the change the boys in those villages might have been described as " little gentlemen " compared with the young ruffians they are to-day—one mother of four boys in this village says they are all hooligans and she cannot do anything with them.

The physical condition I think is about the same to-day as thirty years ago, that is my impression ; I wonder what our record cards would tell us.

I certainly do notice a general improvement, the clothing is better everywhere, but there is still considerable difference in the standard in various schools.

Bodily cleanliness is on the upgrade but the improved condition of the heads is more marked still. It is now quite common to go through a whole school without finding a verminous head.

At my first round of inspection, thirty years ago, I found only one school where the girls' heads were free from lice ; I believe it was the only one in the County.

The most important change of all is in the care of the teeth, the Dentists are doing great work, the people are being taught to attend to their teeth after school life is ended."

HENRY FREEBORN.

" Thank you for your letter and congratulations on thirty years' service to your Council. I had no idea I had done the work for so long a time.

You ask me my experience as Medical Inspector—First I should like to emphasize the marked improvement in the cleanliness of the children especially with regard to pedicule capitis. I shall never forget the stormy times I had with the parents over this and occasional needs for compulsory cleansings. The clothing too is better except in the case of large families where the boots particularly are poor.

There is improvement in the physique of the children, but a considerable number are still undernourished. I think this is mainly due to wrong feeding. One sees this when visiting the homes—too much tinned food. . . . On the whole I think the school medical service has been a success and many of the parents appreciate and take advantage of it.

I am a supporter of part-time inspectors. Often the children are one's own patients and one knows their home conditions. In addition my experience is that a parent attaches more importance to what a doctor, whom she knows, tells her than a stranger though he may be a far cleverer and more highly qualified man. In a neighbouring county where I have a considerable number of patients, I find parents attach very little importance to what a whole time inspector tells them."

C. T. CHEATLE.

" Looking back over 30 years, one cannot help being struck by the changes that have occurred.

When the inspections were first started, the parents, if not actually antagonistic, were indifferent. It was quite exceptional for them to attend the inspection, although they were always notified the date and hour. If they did attend, it was usually because they had a grievance, which they wished to air.

Now, they take the greatest interest in the work and will often volunteer the statement that 'little Willie must have the adenoids as he do snore awful.'

Similarly, in the early days, one received little help from the teacher. His attitude was that it gave him extra trouble and was a nuisance, as it interrupted the routine of the school. But all this is a thing of the past. Both teachers and parents realise the great benefit that the Act has brought to the children and do their utmost to help by their presence and assistance.

When I first started my inspections in 1908, I was horrified by the condition of the children's heads in the Elementary Schools. It is no exaggeration to say that 80 per cent of the female children had verminous heads—either nits (the eggs of lice) or lice themselves were present.

With the aid of the school-nurse, we instituted a vigorous crusade in the name of 'cleanliness'—this to include not only heads but also body and clothes. It was an uphill task, but in the end, I think, we may say that we triumphed.

It is quite the exception now to find a verminous head and if we do find one, it is usually in a child that has come from some other area!

But the campaign had its dangers for the reformer. The procedure, on finding a child with a verminous head, was in the first place to notify the parent with a 'green' card. This also gave instructions for the cleansing and, somewhat optimistically, stated that the 'child's head should be clean in a week.' If re-inspection at the end of a week, failed to show improvement, a 'red' card was sent to the parent and the child was excluded from school for a week. If still verminous on return, it could be again excluded, and the parents could be prosecuted 'for not sending their child to school.' This sounds rather like an extract from *Alice in Wonderland*—it was altogether too cumbersome to enforce and also the authorities were naturally loathe to take this extreme course.

But in 1908, another Act was passed—the Children's Act. Under Section 122, if a parent failed to attend to the advice of the inspector and the child's health in consequence suffered, the inspector could *take the necessary steps* in the child's interest.

On one occasion, having entirely failed to get any improvement, I decided to take advantage of this clause and the necessary steps to cleanse the child. Upon my instructions and in my presence, the school-nurse cut the offending child's hair short. There was a terrible hullabaloo and I was prosecuted for 'assault.'

I must admit that I had an uneasy feeling that I had overstepped the law, but the Bench viewed the 'assault' sympathetically and dismissed the case.

The present custom of keeping children's hair short is an excellent one and has undoubtedly done a great deal to diminish the incidence of 'verminous heads.'

To discover defects in the children was not so difficult, but at first it was another thing to get them remedied.

At the present time, the County Council have provided whole-time Ophthalmic and Dental Surgeons—there are also Tuberculous and Orthopaedic Clinics and arrangements have been made with Hospitals for the removal of 'Tonsils and Adenoids.'

When I started there were none of these facilities and it was uphill work.

Even now there is still insufficient accommodation in the County for backward or mentally defective children, who have a bad influence on the other children and should be segregated.

In the old days, the unfortunate inspector had to carry on his car a huge box, containing a heavy weighing machine. Nearly all schools are now provided with one but there are still a few that have not got one and this should be remedied.

Medical inspection does not as a rule lend itself to "humour" but the following episode has its comic side.

I had finished my inspection and was having my usual talk with the headmaster, when we suddenly discovered a small boy whimpering in the corner and still undressed. Inquiry as to what was the matter, brought forth the following 'Please sir, someone's pinched my shirt.' I may say it took a considerable time to find who was wearing 'two.'

It is often said that the Taxpayer gets a poor return for his money, but if it were possible to measure the enormous increase in health and happiness that this Act has ensured, I think he would not be dissatisfied with his outlay."

W. J. S.

"I wholeheartedly say that the physique and mentality of the children in this District have improved amazingly during the last thirty years that I have medically inspected them for your Education Committee. I would like to bring the following points to your notice:—

(1) *Cleanliness*. Shown particularly by the comparative absence of lice.

(2) *Clothes*. Too much clothing much less in evidence; and too tight clothing around chest, though still rife, improved by use of pullovers—waistcoats should be abolished.

(3) *Malnutrition*—due to deficient food rarely seen nowadays, and when seen, in the majority of instances, due to defective parents. My wife, who helps me when inspecting children, is surprised at the high percentage of physically fit children. In my experience the commonest cause of malnutrition is 'septic tonsils.'

(4) *Tonsils*. (a) Recognition by self with others of a physiological enlargement of tonsils, a conclusion not shared by many locums.

(b) *Tonsilectomy* for septic tonsils should be considered a major operation and for choice should be done when catarrhal infections are not rife.

(5) *Teeth*. Gradual improvement. Dentistry probably the most important factor in helping health of children from a purely medical approach. Dental work very well done.

(6) *Welfare Centres*. The good effect of this work, I think, is sure. Maybe I am prejudiced as the work particularly interests me.

(7) *Rickets*. Frank cases of rickets rarely seen nowadays. When I first came to the village, two of the members of the football team could let the ball go between their legs."

ANTHONY BIRCH.

V.—Findings on Medical Inspection—

Table II on page 39 gives the complete return of defects found during routine inspections in 1938.

Uncleanliness

The number of children found to be unclean in head or body or both was 952, which shows little difference as compared with the figures for the previous year.

The School Nurses made 57,189 examinations in the schools during routine pediculosis examinations and the average number of visits to each school in connection with this work was 13.

Nutrition

An examination of Table II*b* on page 40 shows that of the 4,459 routine inspections made during the year, 91 per cent of the children so examined showed normal or excellent nutrition.

Some 8.1 per cent were in the opinion of the medical inspectors not quite up to normal nutrition and .89 per cent were definitely malnourished.

One of the Medical Inspectors asked for some standard to be supplied in order to assist him in the assessment of nutrition. Whilst no standard has yet been devised which is universally acceptable, most observers are agreed that growth as expressed in height and weight measurements at different ages does give a fairly good picture of the state of nutrition. This certainly simplifies the Medical Examiner's task and provides useful information, though, of course, it is not to be regarded as anything more than a rough index. Graphs were prepared both for boys and girls and these together with the following instructions were issued to all the medical inspectors.

"The graphs give weight as the ordinate and height as the abscissa. The upper curve is the average weight to be expected at any unit of height. The lower curve is the minimum

weight to be expected for the unit of height. (For those interested in its preparation, the lower curve is constructed by taking twice the standard deviation of weight at units of height and smoothing the curve so obtained.)

It is suggested therefore that any child whose weight is found to be below the minimal standard but who shows no other defect should be classed as slightly sub-normal. Should a child show its weight to be below the minimal standard and present other evidence of faulty nutrition as shown by facies, carriage, posture, muscle tone, condition of mucous membranes and amount of subcutaneous fat etc., it should be classed as 'bad.' Should the examiner be of the opinion that a child's nutrition is faulty and yet the weight found to be within normal limits, he should neglect the measurements of the weight and record his findings. *All measurements of weight and height are to be made without boots.*"

The County Council has decided that wherever possible milk supplied under the scheme shall be either Tuberculin Tested or Pasteurised, and failing this shall be milk of Accredited standard produced from herds from which two bulk samples taken at six-monthly intervals have proved negative to the biological test for tuberculosis.

The following shows the departments and numbers of children receiving milk :—

MILK SCHEME.

*Attendance and Medical Service Section. November 14th, 1938.
Figures for October 1937 and October 1938.*

	1937			1938		
	(a)	(b)	(c)	(a)	(b)	(c)
Official Scheme	106			110		
Private Scheme	64			65		
No Milk	36			31		
	206			206		

<i>Children.</i>	1937			1938		
	Free	Not Free	Total	Free	Not Free	Total
Official Scheme	121	4478	4599	153	4514	4667
Private Scheme	134	1831	1965	198	1642	1840
	255	6309	6564	351	6156	6507

Number on roll—1937, 13,920 ; 1938, 13,663.

The number on roll in the schools in the county is 13,663, so that 47 per cent of the children are participating therein.

It should however be noted that many other children receive daily hot malted milk or cocoa made with milk,

Tonsils and Adenoids	Enlargement of the tonsils and/or adenoids was found in 509 cases and of these 356 required treatment.
Tuberculosis	No child was found to be suffering from pulmonary tuberculosis. Five cases previously notified received sanatorium treatment. Twelve children were suspected to be suffering. Sixty-four children who were contacts or who were suspected of being tuberculous were sent to Hermitage Cottage Homes. The number of children referred for examination to the Tuberculosis Officer was 309 of whom 214 were contacts. Two children were found to be suffering from non-pulmonary tuberculosis.
Errors of Refraction	At the routine and special examinations 133 children were found to be suffering from visual defects other than squint, and of these 129 were recommended for treatment, the remaining four being kept under observation ; 16 children were found to be suffering from squint and 13 were recommended for treatment. These figures by no means represent the total amount of defective vision found in school children during the year, as many cases of slight defect are found by the School Nurses during their periodical visits to schools. The number of cases found by the Nurses was 758.
Defective hearing and Ear Disease	Defective hearing was found to be present in 19 children and discharge from the ears in a further 13. In all cases where the defects required treatment such was recommended to the parents of the children concerned. It is essential that all cases of discharge from the ears should be treated at once and thoroughly if greater or less deafness is to be prevented.
Defective Speech	Thirteen children were found on routine examination to be defective in speech. (See page 27)
Crippling Defects	See page 25.
Dental Defects	See page 18.

VI.—Infectious Disease—

School Closure	During the year the following schools were closed for infectious diseases :—
	Whooping Cough 3 schools
	Influenza — „
	Scarlet fever 2 „
	Chicken pox 1 school
	Diphtheria 5 schools
	Mumps — „
	Measles 3 „
	Poliomyelitis 9 „

In connection with this matter it is important to understand that as a general rule school closure, in so far as prevention of spread of infection is concerned, has no advantage over the method recommended by the Board of Education, viz. the exclusion of individual children. So far as this department is concerned school closure is only recommended when such procedure is likely to prove more effective than the exclusion of individual children, or in the general interest of the health of the children.

The grouping of children over 11 years of age in schools centrally situated is to prove a problem so far as control of infectious disease is concerned. Contacts of cases in school are likely to be distributed over a comparatively wide area when returning home so that no hard and fast rule for dealing with these schools can be laid down.

When the attendance in a school in any week falls below 60 per cent of the number of children on the register and the Committee is satisfied on a certificate from the School Medical Officer that such fall in attendance may be attributed to the prevalence of epidemic illness, the meetings and attendances for the week may in calculating the average attendance, be omitted as not being recognised under the Board of Education regulations.

During 1938 certificates were given by the School Medical Officer in respect of 24 schools.

During the last quarter of the year 13 cases of acute anterior poliomyelitis occurred in the County and 8 of these were elementary school children. One child died and the remaining 7 received appropriate treatment at the Wingfield-Morris Hospital or the Radcliffe Infirmary.

Under this heading are included ringworm, impetigo, scabies, blepharitis and conjunctivitis. Many of these conditions are found in children whose parents cannot afford the requisite medical attention and are consequently treated by the School Nurses and also at the Minor Ailment Clinics at Witney, Charlbury, Chipping Norton and Kidlington.

VII.—Following Up—

The scheme for the treatment of defects discovered at routine inspections or otherwise, e.g., periodical inspections by School Nurses, embraces defective vision and squint, defects of nose and throat, ears, carious teeth, X-ray treatment for ringworm, crippling defects and minor ailments. The Education Committee accepts liability for the cost of treatment only when such treatment is given under the scheme. A very large proportion of the more serious defects are discovered at routine medical inspections. The parents of children examined are

encouraged to be present at the examination and where defects are found to exist they are explained by the doctor to the parents. In the case of those children whose parents are not present at medical inspections, notice is sent to the parents on a prescribed form that the child is in need of treatment for certain defects. In addition a list of such children is made out by the doctor and forwarded to the central office, where a card is made out in respect of each defect. This card is given to the School Nurse for the purposes of following-up. In all cases the parent or guardian is acquainted with any defects discovered in their children and advice is given that the usual medical attendant of the family should be consulted.

Private treatment failing, it becomes the duty of the School Nurse to persuade the parent to take advantage of the facilities for treatment offered by the Committee.

The common excuse for failing to obtain treatment on the ground of inability to pay the cost has been almost completely removed by the light charges made where the parents can obviously afford to pay something, and the relief from all financial responsibility when parents' income falls below the approved scale.

Income
Scale

(a) *Dental Treatment.* This is provided at a flat rate charge of 1/- per case which is reduced or remitted if circumstances justify it. The Dentist, in consultation with the Head Teacher, decides the amount payable. This charge is paid in advance.

(b) *Spectacles with Special Frames.* The charge is 6s. 6d. in all cases and the amount is paid in advance to the Health Visitor.

(c) *Other Forms of Treatment.* The scale used for fixing contributions is as follows:—

No. of dependent children	Total weekly income from all sources after deducting rent	
1 or 2	30/- a week or less.	5/- should be added for each dependent child. No deduction will be allowed on account of one of the parents being dead. Where two or more children in the family require treatment at the same time, the applications for treatment will be taken together and the parent's contribution assessed accordingly.
3	35/- „ „	
4	40/- „ „	
5	45/- „ „	
6	50/- „ „	
7	55/- „ „	
8	60/- „ „	

(i) Treatment for defective vision, including spectacles with nickel frames and repairs, treatment at Clinics, provision of Milk, etc., recommended by the School Medical Officer will be given free if the total weekly income of parents or guardians, after deducting rent does not exceed the Scale. Where the net income exceeds the figure, a charge is made.

(ii) In-patient Hospital Treatment will be free in cases where the total weekly income, after deducting rent does not exceed 30/-. If it exceeds that amount the Committee will require a single payment of 1/- or a weekly payment of 1/- according to the length of treatment; but in some cases a further charge may be made, if the family circumstances warrant it.

Cases of straitened circumstances, due to illness in the family, recent unemployment or similar causes, receive special consideration, and parents should, in completing a form, state any such circumstances.

The full cost of treatment for Boarded-out or Institution children receiving treatment under the Committee's Scheme is paid by the Poor-Law Authority or Charitable Institution responsible.

These particulars are obtained from parents by the use of a special form whereon consent for treatment is given.

Visits The School Nurses paid 9227 visits to children found to be suffering from defects at School Medical Inspections.

The average number of visits per school in connection with this service is 13.

VIII.—Medical Treatment—

Clinics, etc.

School Clinics are held at Witney, Charlbury, Chipping Norton and Kidlington, and the following Table shows the cases treated by the Nurses at Clinics and Schools in the area. These figures also include a few cases treated at home.

Ailment				No. of attendances
Impetigo	...	...	...	350
Ringworm	...	...	...	8
Septic sores	...	...	...	482
Minor injuries, etc.	...	...	...	1074

Vision Refraction Clinics are held in different parts of the County as occasion requires and during the year 87 such clinics were held.

The total number of children submitted to refraction was 869, all of whom were dealt with through the Committee's scheme. Spectacles were also provided through the scheme to 607 children.

Squint

A Squint training clinic has been established at the Oxford Eye Hospital for children suffering from squint. A payment of 2/- for each attendance is made.

During the year 21 children suffering from this condition were treated, and 155 attendances were made.

Tuberculosis

The number of school children seen at the County Tuberculosis Dispensaries during the year was 113, and 14 children received in-patient treatment of which 5 were pulmonary cases and 9 non-pulmonary. A further 215 "contacts" were examined.

A certain number of so-called "pre-tubercular" children were sent to the Hermitage Homes, Berkshire, through the agency of the Oxfordshire Association for the Prevention of Tuberculosis. This work is valuable as it enables children whose condition is suspicious, or who are liable to be exposed to infection, to live what is equivalent to a sanatorium regime, although not definitely notified cases.

Tonsils and Adenoids

Children to the number of 212 received operative treatment for enlarged tonsils and/or adenoids, under the Committee's scheme.

All cases accepting treatment under the Committee's Scheme must, however, be accepted for treatment by the Committee's School Medical Officers in the usual way, and the parents must complete Form S.M.S.1/B.

Contributors are expected to receive treatment for tonsils and adenoids at the Hospital to which they contribute, unless they are prepared to bear the cost. This, however, does not apply to Radcliffe contributors, who may receive treatment at any of the Hospitals in the approved list.

Boarded-out children

Boarded-out children who receive treatment under the Committee's Scheme are paid for by the Poor Law Authority or Charitable Institution responsible, and the full cost of the treatment is claimed in each case.

Dental Defects

The work of the four Dental Surgeons has proceeded satisfactorily during the year and the provision of two fully equipped trailer clinics has proved most useful in carrying out dental treatment in many small schools.

All schools have been inspected and treated during the year and with the increased staff this will now become a normal procedure.

The appended table shows the eleven schools with highest percentage of acceptances and also the eleven schools with the lowest.

					%
Lewknor	...	...	...	...	100
Cottisford	...	...	...	...	100
Hanwell	...	...	...	...	100
Idbury	...	...	...	...	100
Swyncombe	...	...	...	...	95
Crowmarsh	...	...	...	...	92
Swinbrook	...	...	...	...	91
Drayton St. Leonard			...	...	89
Brightwell Baldwin			...	...	89
Burford	...	...	...	...	88
Somerton	...	...	...	...	85
					%
Broadwell	...	...	...	...	0
Chilson	...	...	...	...	0
Holwell	...	...	...	...	10
Kingham	...	...	...	...	20
Bicester Senior	...	...	...	...	20
Wootton	...	...	...	...	21
Southleigh	...	...	...	...	22
Newton Purcell	...	...	...	...	22
Chipping Norton C.E.			...	...	23
Stoke Lyne	...	...	...	...	23
Wroxton	...	...	...	...	24

There are two important factors which materially influence the acceptances for treatment and these are (*a*) regular (annual) inspection and treatment and (*b*) the influence of teachers in their respective schools. In this latter connection, whilst in no way disparaging the efforts of teachers, one wonders whether better results could not be obtained.

Dental Reports 1938—

Miss Blinkworth, dealing with the Bicester area, reports as follows :—

The following are the reports of the School Dentists :—

“ At the end of three months’ work it is difficult to give a general survey of the dental treatment. The first four schools I treated (Great Milton, Little Milton, Great Haseley and Warborough) had been treated by my predecessor.

The acceptances seem to vary greatly, some being as low as 16 per cent and one as high as 93 per cent. It was to be noticed that a number of senior 'leavers' took advantage of treatment, one or two needed extensive work done as they had never accepted previous offers of dental treatment.

It would save much time if some set place (in the school yard if possible) could be arranged to take the Dental Caravan, and the County Police would not have to be consulted and permission gained for leaving the trailer during the period of treating the children at each school.

The prejudice against fillings is a difficult subject to combat, some of the bigger children can be reasoned with, and they bring back a grudging consent from home.

It is pleasing to see that one school which only had one acceptance last year had 15 children for treatment, and one which had no acceptances has ten this year.

I should like to record my thanks to the head teachers for their help and co-operation."

Miss Fay Wilson, who deals with the Henley area, reports as follows :—

"All the schools in the southern area received an annual inspection but it was not found possible to treat two schools towards the end of the year.

The treatment of Henley Grammar School occupied extra time during the first two months of the year. Closure of four schools for poliomyelitis necessitated a re-arrangement of the annual dates of inspection and treatment in other schools. The routine was further delayed by an untimely attack of measles during May.

The number of children inspected, 2365, is slightly less than that for the previous year. Of this number 2029 required attention and so far 1123 who accepted have received treatment. The average acceptance rate of 62 per cent over the whole area is slightly higher than that for 1937 (60 per cent).

When inspecting Henley Trinity Junior recently, I was particularly pleased with the state of the mouths of many of the younger children, especially those who had moved up from the Infant School, where they had previously had two consecutive years of attention. This school comes in an age group (7-10) where caries is rampant, and one does not anticipate many sound mouths.

With a few exceptions, in practically every school the number of acceptances is in advance of the previous year. Most striking perhaps are the returns for the following :—

		1937	1938
Swyncombe	...	9	19
Bix	... ..	7	16
Kidmore End	...	6	19
Chinnor	... ..	49	91
Brightwell Baldwin		4	8
Rotherfield Greys	...	5	11

Lewknor with 100 per cent acceptance heads the list, and this school is a shining example of the great value the influence of the head teacher is in inducing parents and children to take advantage of the service. I would again like to extend my grateful thanks for their co-operation, and help.

Perhaps the greatest advance of the year was the introduction of a system whereby, once a month, it was possible to offer general anaesthetics to suitable cases. This is greatly appreciated by the parents and children, and perhaps most of all by me! The limited number of places available every month are eagerly sought after; and much initial terror of dental treatment has been removed, paving the way for confident acceptance of future treatment."

Six highest percentages Acceptance of Dental Treatment in 1938 :

				%
Lewknor	...	...	...	100
Swyncombe	...	...	...	95
Crowmarsh	...	...	...	91.9
Brightwell Baldwin	...	...		88.9
Kidmore End	...	...	...	86.4
Rotherfield Greys	...	...		84.6

Six lowest percentages Acceptance :

				%
Checkendon	...	...	...	40
Goring	...	...	...	39.1
Ipsden	...	...	...	36
South Stoke	...	...	...	34.9
Woodcote	...	...	...	34.2
Shirburn	...	...	...	32.2

Mr. Cook, who deals with the western part of the County, reports as follows:—

" At the beginning of the year there were talks given on the wireless upon National Health Services. I think this may account for the increase in acceptances in quite a number of schools.

The benefit of an annual visit to the schools is now showing itself by the decrease in the number of very dirty

and neglected mouths, also in the increase of the requests from parents that fillings should be done whenever possible.

The teachers have been in many schools very helpful, by giving talks to the children and by interviewing parents who have refused treatment for their children. Treatment has been carried out on the school premises if a room has been available in the junior departments and either the woodwork or cookery room at the senior departments.

This year we have been very fortunate in the services of the Nuffield Research in anaesthetics and a gas session can now be arranged for those who are very nervous or require difficult extractions.

The condition of the school entrants is still very bad and it is hoped that the few talks which have been given at the Infant Welfare Clinics will show some good results in the future.

Irregular dentitions caused by overcrowding can in some cases be corrected by the extraction of one or more teeth, altogether 64 teeth were extracted for this purpose. The results from treatment done in previous years has been most satisfactory.

Root treatment when necessary has been done to avoid the extraction of incisor teeth. There were 20 cases where root treatment was required.

Fillings in temporary teeth were only attempted where the possibility of them becoming loose was reduced to a minimum as I have found that if a filling in a temporary tooth came out the parent condemned all fillings and was inclined to refuse fillings when they were necessary in the permanent dentition.

The scholars of Witney Grammar School were all inspected and treatment was given to the scholarship and free place pupils. The fee paying pupils who were in need of dental attention were given a card to inform the parents that they should consult their own dentist as soon as possible.

The Health Visitors have helped me by interviewing parents who had refused treatment for their children."

Highest and lowest percentages of acceptances :—

					%
Idbury	...	...	...	...	100
Swinbrook	...	...	...	...	91
Burford	...	...	...	...	88
Alvescot	...	...	...	...	86
Chadlington Infants			...	...	80
North Leigh		...	...	...	77

				%
South Leigh ...	...	...	...	22
Wootton ...	...	...	...	21
Kingham C. ...	...	...	...	20
Holwell ...	...	...	...	10
Broadwell ...	...	...	...	nil.
Chilson ...	...	...	...	nil.

Miss M. Dockrell, who deals with the Banbury area, reports as follows :—

A large number of the North Oxfordshire Schools have now had the opportunity for accepting dental treatment offered to them for the third year and the percentage of acceptances is still disappointingly low. An analysis of the figures shows that the average percentage for the area is only 38 per cent.

Small schools in remote villages have a high percentage of acceptances whereas in the large schools in country towns, where one might expect to find a more enlightened view of dental treatment, the rate rarely rises above 40 per cent. In small schools the high rate of acceptance is due mainly to the teachers who spare no effort in pointing out to children and parents the value of regular dental treatment. In the majority of cases the children are allowed to decide for themselves whether they will accept dental treatment or not and it is here that the very great influence of the teachers over the children might be exercised to a greater extent. Children are very imitative and where acceptance of treatment is the fashion they do not like to be left out of it ; conversely where there is apathy towards the treatment they very soon sense it and refuse treatment. There will always be a number of persistent refusals for whom nothing can be done but there is also a large number of children with whom a little persuasion and the example of others will make the difference between acceptance and refusal of treatment.

Since it has become possible, thanks to the courtesy of the Nuffield Professor of Anaesthetics, to offer general anaesthesia to selected patients, six sessions have been held and children and parents have both expressed themselves as being very pleased with the results. I should like to thank especially the teachers in whose schools these sessions were held, and on whom a large amount of extra trouble and disarrangement devolved, for their kind assistance.

During the year 4042 children were examined of whom 752 had sound mouths, an increase of 4 per cent on last year's figures. The condition of the teeth of school entrants is very

bad and calls for investigation into the possibility of utilizing the Infant Welfare Clinics for giving advice on diet to expectant and nursing mothers with a view to the prevention of caries.

Several talks given to members of the Women's Institute on the " Care of Teeth " and illustrated by charts lent by the Dental Board were well received and from the discussion following and the interest shown in the talks it would seem that this would be a valuable means of spreading propaganda and lessening the widespread ignorance of the importance of the temporary dentitions and the value of conservative dentistry as opposed to extractions.

Once again I should like to thank the teachers who have co-operated so heartily in the effort to obtain a higher acceptance rate and without whose co-operation the work of the school dental surgeon would be almost impossible.

Schools with Highest Percentage of Acceptances.

					%
Cottisford	...	...	...	...	100
Hanwell	...	...	...	...	100
Somerton	...	...	...	...	85
Clifton	...	...	...	...	82
Swalcliffe	...	...	...	...	75
Shenington	...	...	...	...	71

Schools with Lowest Percentage of Acceptances.

					%
Bicester Senior	...	...	...	...	20
Chipping Norton C.E. Boys				...	23
Stoke Lyne	...	...	...	...	23
Newton Purcell	...	...	...	...	22
Chipping Norton R.C.			...	...	22
Wroxton	...	...	...	...	24

A detailed analysis of the work done by the Dental Surgeons during the year is given on Table V on page 44.

An offer to the Committee was made by the Nuffield Professor of Anaesthetics, Radcliffe Infirmary, Oxford, to provide facilities for general anaesthetics in dental cases when considered necessary by the School Dental Surgeons. The charges to the Committee were to be limited to the travelling expenses of the assistants and the actual cost of the anaesthetics.

The offer of Prof. Macintosh was accepted with gratitude and a weekly session on a given day has been arranged.

Twelve sessions were arranged during the latter part of the year and 124 children received dental treatment under general anaesthetics.

I should like to express my appreciation of Prof. Macintosh's public spirited action.

The Wingfield-Morris Orthopaedic Hospital is the hub of a comprehensive scheme covering the whole of Oxfordshire and parts of Berkshire and Buckinghamshire. Out-patient clinics are held in Oxfordshire as follows :—

Henley—War Memorial Hospital, fortnightly on Tuesday at 2 p.m.

Banbury—The Hut, Horton Infirmary, every Thursday at 1 p.m.

Witney—Marlborough Lane, Witney, alternate Thursdays at 2 p.m.

Oxford—Radcliffe Infirmary, every Monday and Wednesday at 11 a.m.

Wallingford—District Hospital, alternate Thursdays at 2.30 p.m.

Chipping Norton—War Memorial Hospital, 2nd and 4th Tuesdays at 10.30 a.m.

One cannot speak too highly of the valuable work done by the staff of this Hospital, and the Committee is indeed fortunate in being able to avail itself of these facilities for the treatment of crippling defects in public elementary school children.

During 1938, 1199 attendances at clinics were made for purposes of diagnosis, treatment and after-care generally.

Twenty-four children were admitted for treatment at the Wingfield-Morris Hospital and the following table shows the conditions for which treatment was necessary :—

Old Infantile Paralysis	...	...	4
Claw Feet	...	...	1
Bone graft	...	...	1
Dislocation of Hip	...	...	2
Osteomyelitis	...	...	2
Club Feet	...	...	4
Scoliosis	...	...	4
Hammer toe	...	...	1
Deformity	...	...	3
Torticollis	...	...	2
			—
			24
			—

IX.—Open-air Education—

There are no open-air schools in the County, but during the summer months classes are held in the open air in many schools.

X.—Physical Training—

See report on page 32.

XI.—Provision of Meals—

Mid-day meals

Sections 82-85 of the Education Act 1921 are not administered, but in many schools in the County provision is made for supplying at a small cost a hot drink, viz., cocoa, milk, or malted milk, during school sessions.

At the following schools a hot meal consisting of soup or meat, vegetables, and pudding, is provided at mid-day :—Bampton, Chinnor, Charlbury, Steeple Aston, Fritwell, Kidlington, Rotherfield Central, Sonning Common, Witney, Burford, Great Haseley, Dorchester, Gosford Hill, Kirtlington, Henley C.E., Shipton-under-Wychwood, Witney Junior.

The cost varies from 2d. to 3d. a day and in some cases it is 1/- a week. The number of children taking hot dinners during the winter term was 940.

XII.—School Baths—

See report on page 33.

XIII.—Co-operation of Parents, Teachers, School Attendance Officers and Voluntary Bodies—

Parents

The importance of the presence of parents at inspections cannot be stressed too much and I should like to see many more parents present. They will always be assured of a welcome and will have the satisfaction of receiving at first hand advice in connection with their children's health.

Teachers

The success of school medical work is to a large extent dependent upon the assistance given by teachers, and I should like to place on record my thanks to the teachers in the County for their sympathetic co-operation.

School Attendance Officers

These officers also help the department by bringing to notice exceptional children who are not attending school.

Voluntary Bodies

A certain number of the After-Care Committees still do useful work in obtaining treatment for children whose parents are somewhat slow in responding to advice given at routine inspections.

Close co-operation exists between the officers of the department and those of the N.S.P.C.C., and the latter have done much valuable work in obtaining treatment for children and also in other ways.

Cases referred
to the
N.S.P.C.C.

Seven cases were reported by letter to N.S.P.C.C. during the year, all for neglect. They may be classified under the following headings :—

Uncleanliness	...	...	...	3
Vision cases	...	...	...	1
Malnutrition	...	...	...	1
Refusal to provide treatment			...	2

In addition to the above many cases have been dealt with by the Society's Inspector as a result of verbal communication.

The work of the Society is undoubtedly of value in connection with the School Medical Service.

Speech
Clinic

During the year twenty children have received treatment at the Speech Clinic at the Radcliffe Infirmary and I should like to express my appreciation of the very good work which is being done in this connection.

Miss J. Dakin, the Speech Therapist at the Radcliffe Infirmary, reports as follows :—

Twenty children from Oxfordshire County Schools have been under treatment in the Speech Clinic during 1938.

Of these eight were stammerers, six boys and two girls. One boy and one girl have been discharged as cured, and satisfactory reports have been received from them since their discharge. Four were still on the register at the end of 1938 and two others reached school leaving age during the year; one had improved greatly and did not continue to attend the Clinic; the other had improved but was by no means cured and he has elected to continue his treatment by attending the Speech Clinic which is held at the Radcliffe Infirmary for adults and for children over school age. Any school child whose cure has not been completed can be transferred in this way on leaving school if his parents agree, so that the treatment is not necessarily interrupted owing to the termination of his school career. Employers are often very considerate in allowing a young employee time off to visit the Clinic.

There were five cases of defective articulation in the Clinic during the year. Of these, two were discharged cured. One was only admitted and began treatment in December, and two have been very long and difficult cases. One of these, a girl of thirteen, has now completed her speech training and

can talk quite well. Her attendance has been reduced from twice to once a week but she is being retained in the Clinic to complete her aural training—(her sound perception and memorising power being still considerably below normal)—and for instruction in reading and writing, both of which (partly for the above reasons) she had been unable to learn before.

Of the three cases of delayed speech in young children one, a case of mutism in a boy of six described in last year's report, has fulfilled the hopes then held of him. It was believed that illness and shock in his early history resulting in fear had inhibited speech rather than any inherent defect. At the end of 1937 the boy had gained in confidence and had acquired a vocabulary of at least one hundred words but would only utter them in a whisper. Soon after that he began to phonate occasionally after much encouragement. By the end of this year he invariably spoke aloud, his vocabulary is now reasonably extensive, and his confidence so secure that it is possible with discretion to improve his incorrectly formed sounds without reawakening his fear of speech. His school teacher reports that he can now read aloud on the "look and say" principle. He tends to retain the infantile habit of leaving out final and other consonants and is slow in building sentences but this is probably the natural consequence of the speech having been arrested at the normal age of onset; i.e., the speech is now progressing more or less normally but some years late.

A different type of case is that of a little girl with spastic diplegia. The vocal mechanism is unimpaired, she can phonate at will, but when admitted was unable to articulate owing to the absence of motor control and co-ordination of the motor speech centres. The intelligence is good, the child co-operates with determination in her effort to carry out instructions. When she first came she could not round her lips or blow, could not close the mouth, nor maintain the lips with sufficient tension in any one position long enough for the articulation of any recognizable speech sound, either vowel or consonant. She can now keep the mouth closed for nearly a minute, can blow, can make half a dozen consonants and speak three or four words. The vowels are the chief obstacle owing to the difficulty in rounding the lips but control in this and in hand and finger movement is slowly increasing. The degree of success that can ultimately be looked for is difficult to state at present, but where intelligence is good the prospect is hopeful.

There have been three cleft palate cases in the Clinic during the year. One, a girl, was discharged on leaving school as she had been attending over a long period and the training had been completed as far as possible. This case was complicated by defective articulation apart from the speech distortions caused by the organic defect, so that the speech was unintelligible when she entered the Clinic. When discharged the girl could speak quite correctly when she took the trouble and did speak well enough to be understood. The "cleft palate voice" was not eliminated. The girl was not very "bright" or greater improvement could have been achieved. One case, a boy with a complete cleft and harelip which had been successfully repaired was unfortunately only referred a month before leaving school. Up to that time he had never received any speech training. The third, a boy of seven with a mobile velum but a cleft of the hard palate, has been taught to form his sounds correctly so that, though the nasal voice necessarily persists at present, the speech shall not ultimately be distorted. He will shortly be discharged for a time and asked to attend for at least two further periods of revision during his school years.

It is of *great* importance that cases of cleft palate should be brought to the Clinic as early as possible. Even if the child is too young to learn exercises a certain amount of useful work in the re-education of the speech organs can be done through "play" and valuable advice given to the mother to prevent the formation of wrong speech habits which give much trouble later. Moreover the case can then be kept under observation and attendance secured at the right periods.

The importance of correcting speech defects in childhood is constantly emphasised by the experience of adults who come for treatment. Sometimes these are young people who complain that their speech stands in the way of their promotion or prevents their getting employment. Sometimes middle aged ones who have found it a cruel social and psychological handicap. All of them are surprised and encouraged to find that anything can be done for those who "do not learn to talk properly"; all of them say what a difference it would have made to them if they had been taught as children.

Though not strictly a part of the County School work the fact that a number of children between the ages of three and five years are referred to the Clinic for mutism or delayed onset of speech may be of interest. When this is not due to a defect of hearing or serious mental defect much can be done to stimulate the development of speech and most cases begin

to make progress soon after they are admitted, both as a result of their attendance (in cases of “only” or eldest children the socialising effect of contact with others in the Clinic is often very valuable) and of the advice given to their mothers. The importance of this early treatment lies in the obvious fact that if a child has not learnt to speak when it reaches school age its education is going to be seriously handicapped at the start.

The interest and co-operation of school teachers in the problem of speech must be acknowledged as it is very greatly appreciated in the Clinic. Careful and detailed reports on individual cases are always received on request from the school teacher concerned. Many teachers have expressed interest in the work of the Clinic and have taken trouble to get cases from their schools referred for treatment. The Speech Therapist has sometimes been asked by the Head Teacher to visit a school and examine doubtful cases.

XIV.—Blind, Deaf, Defective, and Epileptic Children—

The ascertainment of children coming within the above-mentioned categories is done by Medical Officers, School Nurses, Teachers and School Attendance Officers.

Blind Children

Four blind children are known, all of whom are in attendance at a Special School.

Deaf Children

Of a total of 7 deaf children, 6 are in Special Schools. There are 9 partially deaf children all of whom are in attendance at Public Elementary Schools.

Mentally
Defective
Children

At the end of the year there were 141 mentally defective children in attendance at Public Elementary Schools within the County.

There is little need to stress the inadvisability of the attendance of such children at elementary schools, for they are not only a brake on the wheel of school life but in many cases exert a bad influence on the school as a whole. The provision of a Special School (preferably residential) within the County would be of great value in this connection.

Twenty-one children were referred to the Mental Deficiency Acts Committee as being incapable, by reason of mental defect, of benefiting by education in Public Elementary Schools, or Special Schools for the Feeble-minded.

XV.—Secondary Schools—

Medical
Inspection

Medical Inspection is provided in all of the following schools and such inspection includes all entrants and those pupils attaining the age of 15 years. Inspections take place

three times a year (termly) at the schools, and there is no discrimination as between fee-paying, scholarship, or free-place scholars so far as these examinations are concerned.

Banbury County (boys and girls)	}	provided by the Authority.
Chipping Norton County (boys and girls)		
Bicester County (boys and girls)		
Burford Grammar School (boys and girls)		
Henley Grammar School (boys and girls)	}	
Thame Grammar School (boys)	}	aided by the Authority
Witney Grammar School (boys and girls)		

Return of Medical Inspections.

Findings of
Medical
Inspections

ROUTINE MEDICAL INSPECTIONS.						
Entrants	...	...	...	...	...	233
15 years old group	...	...	...	...	...	175
Special cases	...	...	...	...	...	38
Re-examinations	...	...	...	...	...	289

Defects found by Routine Medical Inspection.

					No. treated
Defective Vision	...	...	...	26	22
Teeth Carious	...	...	...	91	76
Deformity (including postural defects)	...	...	...	44	32
Enlarged Tonsils	...	...	...	12	10
Hernia	...	...	...	1	—
No. of Entrants found Defective	...	...	...	...	78
No. " 15 years old " found Defective	...	...	...	...	87

Following-up

There is no systematic following-up such as exists in elementary schools. The Head Masters and Mistresses of the various schools are however generally successful in ensuring that any treatment recommended by Medical Officers is obtained.

Medical Treat-
ment

The treatment provided is that for visual and dental defects in the case of children whose parents are too poor to provide treatment themselves. In addition the Committee's Scheme provides for the treatment of tonsils and adenoids, ringworm and orthopaedic treatment at clinics.

ANNUAL REPORT FROM THE ORGANISERS OF PHYSICAL TRAINING, 1938.

The work has been organised on the same general lines as last year and has included the supervision in the schools of the physical instruction, organized games and swimming, and the holding of classes and demonstration lessons for teachers.

Advisory visits have been made to the Secondary Schools and much time has been spent in the organisation and supervision of the evening "Keep-Fit" classes.

The following is a summary of the visits made and classes taken :

			<i>*Miss Terry</i> (2 days weekly)	<i>Mr. Licence</i> (3 days weekly)
Elementary Schools	...	...	94	280
Secondary Schools	...	...	1	11
Bathing Places	...	...	7	12
Teachers' Classes	...	...	4	8
Attendances at Sports Meetings, Playing Field and other Com- mittees, etc.	...	...	5	25
"Keep-Fit" Classes and De- monstrations	...	...	22	48

* The number of visits, etc., made this year by Miss Terry is considerably less than in any previous year as she was on sick leave for 4 months.

VISITS TO SCHOOLS.

Senior Girls.

Teachers responsible for the physical training of the senior girls deserve congratulation on the progress made during the past year. In visits to schools emphasis has been laid on the beneficial effects of the free activity work, and the general posture of the girls is definitely improving.

Four Refresher lessons dealing with Senior work only were held at Oxford, and these were attended by 20 teachers. A class from Witney Batt School gave a demonstration at this course.

Some parents have been willing to provide special clothing for exercise, and classes have made suitable clothing in the needlework lessons. In spite of the lack of changing accommodation—and in mixed schools this is a real difficulty—some Head Teachers have made arrangements for changing to take place in the classroom.

Field games are handicapped through the lack of suitable pitches.

Senior Boys.

Considerable progress has been made with the physical training in the Senior Classes. It is encouraging to find that teachers are giving more time to the preparation of the work, with the result that the lessons are more interesting and varied.

In some Schools the boys strip out for the lesson under makeshift conditions, and until there is proper accommodation it is impossible to make changing a regular practice in all schools.

A course of six lessons was held for men teachers in the Witney area.

Juniors.

It is obvious that these children derive much benefit and enjoyment from the Physical Training lessons.

More attention has been given to the less formal part of the Table, and more use is being made of the apparatus for individual and group practices.

Infants.

Generally speaking the outdoor lessons are vigorous, active, and happy, but in some classes a greater variety of exercises should be introduced. Most classes have two lessons a day, this should be the rule for every class, i.e., a morning period in the playground and an afternoon period for dancing, games, ball handing and group activities.

Swimming.

Very little progress has been made in Swimming due to the fact that some of the pools were closed for most of the term owing to the impurity of the water. Few visits could be made to the other Bathing Places because of the wet weather during part of the season.

For the first time the pool at Filkins was used by the Langford children.

A Schedule showing the record for each school at which tests have been taken is appended. The numbers are very low, and in some schools no tests were held because no regular Swimming instruction had been possible.

There cannot be an increase in the number of schools taking Swimming Instruction until it is possible to provide transport. Teachers are enthusiastic and do their utmost to encourage the children to go swimming, but there are very few safe pools.

EQUIPMENT.

Shoes.

These have been issued in 53 Schools to children over 11 whose parents could not afford to provide them. The wearing of shoes has given a great impetus to the work in that jumping and agility exercises can now be performed with safety.

The initial provision is almost complete. It is, however, impossible to estimate how long the shoes will last as the surface of playgrounds varies so considerably, but replacements will probably be necessary about every two years, and a few additional pairs every year will be required for entrants. Consideration should now be given to the provision of shoes to a selected number of Junior Schools.

Individual Rush Mats or Boards.

These have been provided during the past 4 years to 110 Schools.

Fibre Mats.

Sixty eight have been supplied.

Storage Accommodation.

The storing of equipment presents a difficulty in that only one or two schools have the necessary storage accommodation.

Playgrounds.

It is encouraging to find that many playgrounds have been improved during the year, and in these schools physical training lessons can now be taken regularly.

Secondary Schools.

Instead of one instructor being shared between Chipping Norton and Banbury, a full time man has been appointed to each school.

PHYSICAL EDUCATION FOR THOSE WHO HAVE LEFT SCHOOL.

GENERAL.

Accommodation.

The rooms at present available for indoor winter activities are usually inadequate in size and poorly ventilated. The floor is often unsuitable and furniture limits the space that can be used for free movement. As a rule they are owned by the Women's Institute, the Scouts or a Village Club, and are often fully used. The rent is sometimes prohibitive, being as much as 10/- per meeting.

FINANCIAL ARRANGEMENTS.

In view of the liability of the Committee in case of accidents, it has been decided to change the method of payment. The classes will in future be maintained classes in order that the insurance of those taking part will be covered, and the fees will be paid direct to the Authority. The charge, under this new arrangement, will be 1/- (under 16) and 2/- (over 16) for the complete session of 10 lessons.

DEMONSTRATIONS.

Demonstrations by both men and women have been given by the longer established classes to assist in the formation of classes in new areas.

NATIONAL FITNESS COMMITTEE.

We have worked in co-operation with the Secretary of the National Fitness Committee for this area.

LEADERS' CLASSES.

Men.

The Class for leaders of Keep-Fit Work has been continued, and eight of the leaders trained in this way are now responsible for the Keep-Fit Classes formed in the County.

In the summer term instruction was given in the coaching of Athletics and Summer Sports.

Women.

There are now 11 Leaders who have been trained by this authority and all but one of them have taken classes during the year. Up to the present time these Non-Teacher Leaders are working most successfully and happily and the plan of arranging for one leader to be responsible for four or five villages is continuing to work satisfactorily.

KEEP-FIT CLASSES.

Men.

Keep-Fit Classes have been held at the following places :— Chipping Norton, Charlbury, Henley, Woodstock, Kirtlington, Bletchington, Standlake, Steeple Aston, Clanfield, Chadlington, Forest Hill, Littlemore, Bampton, Stadhampton, Weston-on-the-Green and Witney.

It was impossible to organise fresh classes in the Autumn Term and even well established classes were adversely affected

by the crisis. Many of the regular members left in order to take up A.R.P. work, and some classes asked that the meetings should be temporarily discontinued.

Women and Girls.

There are 21 weekly classes as compared with 7 in 1936. The approximate number of members in attendance is 480.

During the year classes have been held at the following places :—Bicester, Banbury, Bloxham, Burford, Great Rollright, Great Milton, Charlbury, Chipping Norton, Great Tew, Henley, Witney, Hailey, Hook Norton, Kirtlington, Littlemore, Woodstock, Stadhampton, Standlake, Stanton St. John, Weston-on-the-Green, and Shipton-under-Wychwood.

The village classes are very greatly appreciated and meet a long felt need for recreation of this type during the winter months. Many classes would like to continue for outdoor games or swimming during the summer, but unfortunately it is not possible for all of them to do this until they can have some financial assistance.

CONCLUSION.

The National Fitness Campaign has stimulated interest in Recreative Physical Training, and this has reacted favourably on the school work. At the Open Days, which are being held more frequently in the schools, the teachers are gaining the co-operation of the parents by giving them the opportunity of judging for themselves the value of physical training.

Teachers are very ready to carry out suggestions made for progress in this Subject.

Our thanks are due to those who have given help with the organisation of Keep-Fit Classes.

I. B. LICENCE,

E. C. TERRY,

Organisers of Physical Training.

SWIMMING RESULTS, 1938.

School.	10 yds.	25 yds.	50 yds.	100 yds.	220 yds.	440 yds.	Object Dive	Plain Dive	Swimming under water	Life Saving	Boys	Girls	Total for 1937 1938										
	B.	G.	B.	G.	B.	G.	B.	G.	B.	G.	B.	G.											
Charlbury	5	2	—	3	2	—	3	3	1	—	13	8	11 21										
Bicester R.C.	—	2	—	—	2	—	—	—	2	—	6	3	11 9										
Bicester Junior	—	2	3	2	1	—	—	—	1	—	3	6	11 9										
Littlemore	2	1	5	2	1	—	—	—	—	—	8	4	13 12										
Burford Council	5	10	1	8	—	3	4	1	2	3	11	31	48 42										
Henley Senior	4	7	3	8	10	2	1	2	3	4	33	24	129 57										
Witney Council, Jr.	1	—	—	2	—	—	—	—	—	—	1	2	3										
Witney Methodist	1	—	4	2	2	7	2	1	3	4	18	15	28 33										
Bicester Senior	2	3	—	5	2	2	3	1	1	—	14	12	32 26										
Lower Heyford	—	1	1	1	1	—	—	—	—	—	2	3	8 5										
Whitchurch	—	—	2	—	2	1	—	—	—	—	4	1	5										
Witney Batt.	—	2	1	3	5	7	6	8	1	4	18	24	30 42										
Wheatley	}													16									
Thame, C.E.	}													27									
„ John Hampden	}													2									
Crowmarsh	}													4									
Mongewell	}													8									
Filkins	}													5									
Langford	}													16									
Cropredy	}													8									
Henley Junior	}													9									
Henley R.C.	}													10									
	20	30	19	34	27	27	14	18	11	11	13	13	11	7	—	9	—	—	131	133	...	426	264

TABLE I.

Return of Medical Inspections for the year ended
31st December, 1938.

A—ROUTINE MEDICAL INSPECTIONS.

Number of Code Group Inspections.

Entrants	...	...	...	...	...	...	1547
Second Age Group	...	...	...	...	...	...	1570
Third Age Group	...	...	...	...	...	...	1342
<hr/>							
Total	...	...	...	...	...	...	4459

B—OTHER INSPECTIONS.

Number of Special Inspections	...	...	...	...	406
Number of Re-Inspections	...	...	...	...	826
<hr/>					
Total	...	...	...	...	1232

TABLE II.

**A—Return of Defects found by Medical Inspection in the
year ended 31st December, 1938.**

DEFECT OR DISEASE.	ROUTINE INSPECTIONS.			SPECIALS.	
	Number requiring Treatment.	Number requiring to be kept under observation, but not requiring Treatment.	Number requiring Treatment.	Number requiring to be kept under observation, but not requiring Treatment	
(1)	(2)	(3)	(4)	(5)	
Skin—					
Ringworm : Scalp	1	—	3	—	
Body	—	—	1	—	
Scabies	1	—	—	—	
Impetigo	—	—	1	—	
Other diseases (Non-Tuberculous)	3	2	—	—	
Eye—					
Blepharitis	6	3	—	—	
Conjunctivitis	2	—	—	—	
Keratitis	—	—	—	—	
Corneal Opacities	—	—	—	—	
Defective Vision (excluding Squint)	123	4	6	—	
Squint	13	3	—	—	
Other conditions... ..	7	1	—	—	
Ear—					
Defective Hearing	9	6	3	1	
Otitis Media	3	9	—	1	
Other Ear Diseases	3	6	—	—	
Nose and Throat—					
Chronic Tonsillitis only	77	7	8	6	
Adenoids only	43	30	3	1	
Chronic Tonsillitis and Adenoids	6	—	—	—	
Other conditions... ..	230	116	11	11	
Enlarged Cervical Glands (Non- Tuberculous)	13	4	1	1	
Defective Speech	10	3	—	—	
Heart and Circulation—					
Heart Disease :					
Organic	—	4	1	1	
Functional	4	5	1	1	
Anæmia	6	5	—	—	
Lungs—					
Bronchitis	—	3	1	1	
Other Non-Tuberculous Diseases	3	—	—	1	
Tuberculosis—					
Pulmonary :					
Definite	—	—	—	—	
Suspected	3	8	1	—	
Non-Pulmonary :					
Glands	1	1	—	—	
Bones and Joints	1	1	—	—	
Skin	—	—	—	—	
Other Forms	—	2	—	—	
Nervous System—					
Epilepsy	—	5	—	2	
Chorea	—	1	—	—	
Other conditions	1	3	—	2	
Deformities—					
Rickets	3	3	—	—	
Spinal Curvature	30	6	—	2	
Other Forms	31	24	7	5	
Other Defects and Diseases	46	52	12	4	
Total	679	317	60	40	

B—Classification of the Nutrition of Children Inspected during the Year
in the Routine Age Groups.

Age-groups	Number of Children Inspected	A (Excellent)		B (Normal)		C (Slightly subnormal)		D (Bad)	
		No.	%	No.	%	No.	%	No.	%
Entrants	1547	177	11.4	1209	78.2	150	9.7	11	.71
Second Age-group	1570	219	13.9	1202	76.5	128	8.2	21	1.3
Third Age-group	1342	231	17.2	1018	75.9	85	6.3	8	.59
Other Routine Inspections	—	—		—		—		—	
TOTAL	4459	627	14	3429	76.9	363	8.1	40	.89

**C—Number of Individual Children found at Routine
Medical Inspection to require Treatment
(excluding Uncleanliness and Dental Diseases).**

GROUP (1)	NUMBER OF CHILDREN			Total (4)
	For defective vision (excluding Squint) (2)	For all other conditions recorded in Table II. A (3)		
Prescribed Groups—				
Entrants	20	206		215
Second Age Group	66	203		256
Third Age Group	37	126		155
Total (Prescribed Groups)	123	535		626

TABLE III.

**Return of all Exceptional Children in the Area on
31st December, 1938.**

Children suffering from Multiple Defects—	Number.	Total.
Number of children suffering from any combination of the following defects:—Blindness (not Partial Blindness); Deafness (not Partial Deafness); Mental Defect; Epilepsy; Active Tuberculosis; Crippling; Heart Disease	1	— 1
Blind (including partially blind)—		
(i) Suitable for training in a School for the Totally Blind :		
At Certified Schools for the Blind	2	
At Public Elementary Schools	—	
At other Institutions	—	
At no School or Institution	—	— 2
(ii) Suitable for training in a School for the Partially Blind :		
At Certified Schools for the Blind or Partially Blind	2	
At Public Elementary Schools	—	
At other Institutions	—	
At no School or Institution	—	— 2
Deaf (including Deaf and Dumb and Partially Deaf)—		
(i) Suitable for training in a School for the Totally Deaf or Deaf and Dumb :		
At Certified Schools for the Deaf	6	
At Public Elementary Schools	1	
At other Institutions	—	
At no School or Institution	—	— 7
(ii) Suitable for training in a School for the Partially Deaf :		
At Certified Schools for the Deaf or Partially Deaf	—	
At Public Elementary Schools	9	
At other Institutions	—	
At no School or Institution	—	— 9
Mentally Defective—		
Feebleminded :		
At Certified Schools for Mentally Defective Children	4	
At Public Elementary Schools	141	
At other Institutions	—	
At no School or Institution	3	— 148

Epileptics—

Suffering from severe epilepsy :					Number.	Total.
At Certified Special Schools	...	...	...	...	2	
At Public Elementary Schools	...	...	...	...	1	
At other Institutions	...	...	...	...	—
At no School or Institution	...	...	...	...	5	— 8

Physically Defective Children—

A. Tuberculous Children.

I—Children suffering from Pulmonary Tuberculosis (including pleura and intra-thoracic glands) :

At Certified Special Schools	...	...	...	1		
At Public Elementary Schools	...	...	...	6		
At other Institutions	...	...	...	3		
At no School or Institution	...	...	...	1	—	11

II—Children suffering from Non-Pulmonary Tuberculosis :

At Certified Special Schools	...	...	...	12		
At Public Elementary Schools	...	...	...	33		
At other Institutions	...	...	...	1		
At no School or Institution	...	...	...	—	—	46

B. Delicate Children.

At Certified Special Schools	...	...	...	2		
At Public Elementary Schools	...	...	...	8		
At other Institutions	...	...	...	6		
At no School or Institution	...	...	...	3	—	19

C. Crippled Children.

At Certified Special Schools	...	...	...	9		
At Public Elementary Schools	...	...	...	18		
At other Institutions	...	...	...	—
At no School or Institution	...	...	...	1	—	28

D. Children with Heart Disease.

At Certified Special Schools	...	...	...	—
At Public Elementary Schools	...	...	...	3		
At other Institutions	...	...	...	—
At no School or Institution	...	...	...	1	—	4

TABLE IV.

Return of Defects treated during the year ended
31st December, 1938.

TREATMENT TABLE.

GROUP I.—MINOR AILMENTS (excluding Uncleanliness, for which
see Group VI).

				NUMBER OF DEFECTS TREATED, OR UNDER TREATMENT, DURING THE YEAR.		
DISEASE OR DEFECT.				Under the Authority's Scheme.	Otherwise.	Total.
(1)				(2)	(3)	(4)
SKIN—						
Ringworm—Scalp	...	...	...	1	—	1
Ringworm—Body	...	...	...	5	—	5
Scabies	...	...	...	—	—	—
Impetigo	...	...	...	160	2	162
Other skin disease	...	...	...	13	3	16
MINOR EYE DEFECTS—				12	—	12
(External and other, but excluding cases falling in Group II.)						
MINOR EAR DEFECTS	...	...	...	2	1	3
MISCELLANEOUS	...	...	...	817	—	817
Total				1010	6	1016

GROUP II.—DEFECTIVE VISION AND SQUINT (excluding Minor
Eye Defects treated as Minor Ailments—Group I).

				NUMBER OF DEFECTS DEALT WITH.		
DEFECT OR DISEASE.				Under the Authority's Scheme.	Submitted to refraction by private practitioner or at hospital, apart from the Authority's Scheme.	Total.
(1)				(2)	(3)	(4)
Errors of Refraction (including Squint)				869	—	869
Other Defect or Disease of the Eyes (excluding those recorded in Group I)				—	—	—
Total				869	—	869
Total number of children for whom spectacles were prescribed—						
(a) Under the Authority's Scheme	...	...	...	...	...	607
(b) Otherwise	...	...	...	...	...	—
Total number of children who obtained or received spectacles—						
(a) Under the Authority's Scheme	...	...	...	...	...	607
(b) Otherwise	...	...	...	...	...	—

GROUP III.—Treatment of Defects of Nose and Throat.

Number of Defects.

Received Operative Treatment—	Tonsils only	Adenoids only	Tonsils and Adenoids	Other defects of the nose and throat	
Under the Authority's Scheme					
in Clinic or Hospital	—	13	191	—	
By Private Practitioner or Hospital, apart from the Authority's Scheme	4	—	4	—	
	—	—	—	—	
	4	13	195	—	= 212
Received other forms of Treatment					—
					—
Total number treated					212

GROUP IV.—Orthopaedic and Postural Defects.

Number of children treated under the Authority's Scheme—					
Residential treatment with education ... ..	...	...	...	...	24
Residential treatment without education ... ..	...	...	...	...	—
Non-residential treatment at an orthopaedic clinic ... ..	...	...	...	...	50
Number of children otherwise treated—					
Residential treatment with education ... ..	...	...	...	...	—
Residential treatment without education ... ..	...	...	...	...	—
Non-residential treatment at an orthopaedic clinic ... ..	...	...	...	...	—
					—
Number of individual children treated					69

GROUP V.—Dental Defects.

- (1) (a) Number of Children who were inspected by the Dentist :
- | Aged | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | Specials | Total |
|------|------|------|------|------|------|------|------|------|------|-----|----------|-------|
| | 1634 | 1409 | 1367 | 1498 | 1505 | 1556 | 1589 | 1317 | 1373 | 337 | 131 | 13716 |
- (b) Found to require treatment 11227.
- (c) Actually treated 5814.
- (2) Half-days devoted to Inspection 136, to Treatment 1450 ;
Total 1586.
- (3) Attendances made by children for treatment 6712.
- (4) Fillings—Permanent teeth 7805, Temporary teeth 2496 ; Total 10301.
- (5) Extractions—Permanent teeth 1403, Temporary teeth 6554 ;
Total 7957.
- (6) Administrations of general anæsthetics for extractions 163.
- (7) Other operations—Permanent teeth and Temporary teeth 2674.

GROUP VI.—Uncleanliness and Verminous Conditions.

Average number of visits per School made during the year by the School Nurses	13
Total number of examinations of children in the Schools by School Nurses	57,189
Number of children found unclean	952
Number of cases in which legal proceedings were taken under School Attendance Byelaws	4

TABLE V.

Mental Deficiency (Notification of Children) Regulations 1928

Statement of the number of Children notified during the Year ended 31st December, 1938, by the Local Education Authority to the Local Mental Deficiency Authority.

Diagnosis					Boys	Girls			
1.	(i)	Children incapable of receiving benefit or further benefit from instruction in a Special School :							
	(a)	Idiots	...	...	...	—	1
	(b)	Imbeciles	...	...	...	2	2
	(c)	Others	...	...	...	3	3
	(ii)	Children unable to be instructed in a Special School without detriment to the interests of other children :							
	(a)	Moral defectives	...	...	...	—	—
	(b)	Others	...	...	...	—	—
2.	Feeble-minded children notified on leaving a Special School on or before attaining the age of 16					—	—
3.	Feeble-minded children notified under Article 3, <i>i.e.</i> , “ special circumstances ” cases					...	—	—	
<i>Note.</i> —No child should be notified under Article 3 until the Board have issued a formal certificate (Form 308 M) to the Authority.									
4.	Children who in addition to being mentally defective were blind or deaf					—	—
<i>Note.</i> —No blind or deaf child should be notified without reference to the Board—see Article 2, proviso (ii)									
GRAND TOTAL			...	...	...	5	6

